

APPLICATION DATA SHEET

| Application Information | |
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| Application Number: | |
| Filing Date: | March 26, 2004 |
| Application Type: | Regular |
| Subject Matter: | Utility |
| Suggested Classification: | |
| Suggested Group Art Unit: | |
| CD-ROM or CD-R: | |
| Number of CD disks: | |
| Number of Copies of Cds: | |
| Sequence Submission: | |
| Computer Readable Form (CRF): | |
| Number of Copies of CRF: | |
| Title: | CYTOTOXICITY MEDIATION OF CELLS EVIDENCING SURFACE EXPRESSION OF CD63 |
| Attorney Docket Number: | 2056.039 |
| Request for Early Publication: | |
| Request for Non-Publication: | |
| Suggested Drawing Figure: | |
| Total Drawing Sheets: | 21 sheets (1 set black and white and 3 sets color) |
| Small Entity | Yes |
| Petition Included: | Yes |
| Petition Type: | Petition to Accept Color Drawings |
| Licensed US Govt. Agency: | |
| Contract or Grant Numbers: | |
| Secrecy Order in Parent Application: | |

| Applicant Information | |
|--|----------------------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | David |
| Middle Name: | S. F. |
| Family Name: | Young |
| Name Suffix: | |
| City of Residence: | Toronto |
| State or Province of Residence: | Ontario |
| Country of Residence: | Canada |
| Street of Mailing Address: | 33 University Avenue, Suite 2407 |
| City of Mailing Address: | Toronto |
| State or Province of Mailing Address: | Ontario |
| Country of Mailing Address: | Canada |
| Postal or Zip Code of Mailing Address: | M5J 2S7 |

| Applicant Information | |
|--|-------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | Susan |
| Middle Name: | E. |
| Family Name: | Hahn |
| Name Suffix: | |
| City of Residence: | Toronto |
| State or Province of Residence: | Ontario |
| Country of Residence: | Canada |
| Street of Mailing Address: | 9 Innisfree Court |
| City of Mailing Address: | Toronto |
| State or Province of Mailing Address: | Ontario |
| Country of Mailing Address: | Canada |
| Postal or Zip Code of Mailing Address: | M6P 3N7 |

| Applicant Information | |
|--|-----------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | Helen |
| Middle Name: | P. |
| Family Name: | Findlay |
| Name Suffix: | |
| City of Residence: | Toronto |
| State or Province of Residence: | Ontario |
| Country of Residence: | Canada |
| Street of Mailing Address: | 205 Glendonwynne Road |
| City of Mailing Address: | Toronto |
| State or Province of Mailing Address: | Ontario |
| Country of Mailing Address: | Canada |
| Postal or Zip Code of Mailing Address: | M6P 3E9 |

| Applicant Information | |
|--|-------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | Luis |
| Middle Name: | A. G. |
| Family Name: | da Cruz |
| Name Suffix: | |
| City of Residence: | Toronto |
| State or Province of Residence: | Ontario |
| Country of Residence: | Canada |
| Street of Mailing Address: | 57 Nipigon Avenue |
| City of Mailing Address: | Toronto |
| State or Province of Mailing Address: | Ontario |
| Country of Mailing Address: | Canada |
| Postal or Zip Code of Mailing Address: | M2M 2V9 |

| Correspondence Information | |
|--|--------------------------|
| Correspondence Customer Number: | 21917 |
| Name: | McHALE & SLAVIN, P.A. |
| Street of Mailing Address: | 2855 PGA Boulevard |
| City of Mailing Address: | Palm Beach Gardens |
| State or Province of Mailing Address: | Florida |
| Country of Mailing Address: | United States of America |
| Postal or Zip Code of Mailing Address: | 33410-2910 |
| Telephone: | (561) 625-6575 |
| Facsimile: | (561) 625-6572 |
| E-Mail Address: | palmbeach@mspatents.com |

| Representative Information | | |
|-----------------------------------|---------------------|------|
| Representative Customer No. 21917 | Registration Number | Name |

| Domestic Priority Information | | | |
|-------------------------------|----------------------|--------------------|--------------------|
| Application | Continuity Type | Parent Application | Parent Filing Date |
| This application | Continuation-in-Part | 10/603,006 | 06/23/2003 |
| 10/603,006 | Continuation-in-Part | 10/348,231 | 01/21/2003 |

| Foreign Priority Information | | | |
|------------------------------|--------------------|-------------|------------------|
| Country | Application Number | Filing Date | Priority Claimed |
| | | | |

| Assignee Information | |
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| Assignee Name: | |
| Street of Mailing Address: | |
| City of Mailing Address: | |
| State or Province of Mailing Address: | |
| Country of Mailing Address: | |
| Postal or Zip Code of Mailing Address: | |